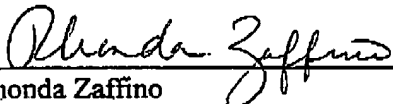


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**CERTIFICATE OF FACSIMILE**

I hereby certify that this correspondence is being transmitted by facsimile to:

**ATTN: Mail Stop RCE**  
Facsimile number: **571-273-8300**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450on July 7, 2006 Total Pages including this sheet: 13  
Rhonda Zaffino**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of:

Sato et al.

Confirmation No.: 1170

Serial No.: 09/242,525

Group Art Unit: 1711

Filed: February 17, 1999

Examiner: Sergeant, Rabon A.

Docket No.: 11301-1480

For: **Process for the Preparation of Urethane  
Resins and Methane Resin Compositions**

The following is a list of documents enclosed:


RCE Transmittal  
Amendment Transmittal Letter  
Petition for Two (2) Month Extension of Time  
Credit Card Form PTO-2038 in the amount of \$1240.00  
Response to Advisory Action and Submission Under 37 C.F.R. 1.114(c)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

07/07/2006 11:29 7709510933

THOMAS, KAYDEN

JUL 7 - 2006

<b>AMENDMENT TRANSMITTAL LETTER (LARGE)</b>				Docket No.  <b>11301-1480</b>	
Applicant(s): <b>Sato et al.</b>					
Serial No. <b>09/242,525</b>	Filing Date <b>February 17, 1999</b>	Examiner <b>Sergent, Rabon A.</b>	Confirmation No. <b>1170</b>	Group Art Unit <b>1711</b>	
Invention: <b>Process for the Preparation of Urethane Resins and Methane Resin Compositions</b>					
<p><b>Commissioner for Patents</b>  <b>Mail Stop RCE</b>  <b>P.O. Box 1450</b>  <b>Alexandria VA 22313-1450</b></p> <p>Transmitted herewith is a Response to Advisory Action and Submission Under 37 CFR 1.114(c) in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below</p>					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
<b>TOTAL CLAIMS</b>	3 -	45 =	0	X \$50.00	\$0
<b>INDEP. CLAIMS</b>	3 -	20 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$360.00
<b>EXTENSION FEE</b>	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$120.00	2 <sup>ND</sup> MONTH <input checked="" type="checkbox"/> \$450.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$1,020.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$1,590.00	\$450.00
Other Fees: Request for Continued Examination under 37 CFR 1.114(c)					\$790.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$1240.00</b>
<p><input type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> A Credit Card Payment Form PTO-2038 is attached in the amount of \$1240.00.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.</p>					
 Cynthia J. Lee, Reg. No. 46,033			07/07/06 Date		